# 2016 West Virginia Overdose Fatality Analysis:

Healthcare Systems Utilization, Risk Factors, and Opportunities for Intervention







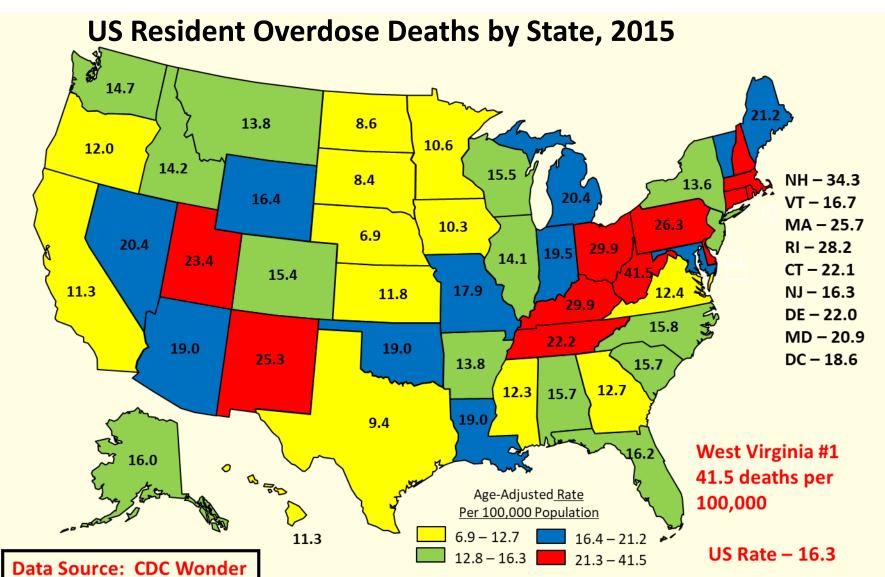


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#### Drug Overdose Rates by State

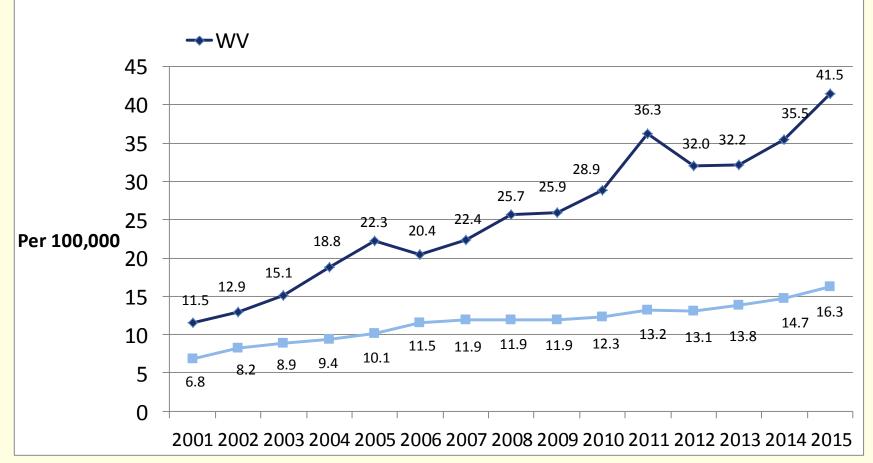




#### West Virginia vs. United States



# 2001-2015 Resident Drug Overdose Mortality Rate West Virginia and United States



Data Source: WV Health Statistics Center, Vital Surveillance System and CDC Wonder. Rates are adjusted by age to the 2000 US Standard Million.

#### Purpose



Create a model

Identify risk factors

Identify opportunities for intervention

# Methods



#### 881

Preliminary Occurrence Deaths

#### 830

Preliminary Resident Deaths

(Matched against death records, CSMP, Medicaid, EMS, BBHHF, and Corrections)

## Interactions with Health Systems

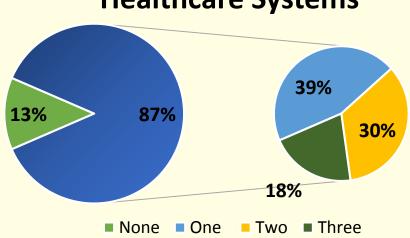


- 81% of decedents interacted with one or more systems.
- Just under 40% of decedents interacted with only one system.



# 38% 38% 30% None One Two Three

# Females: Interactions with Healthcare Systems



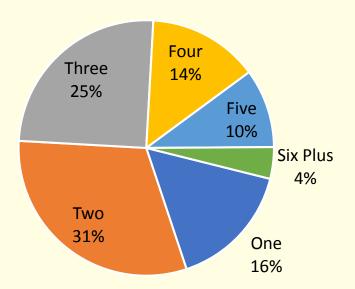
Healthcare systems included BBHHF, EMS, and CSMP. Neither Medicaid or Corrections were included.

## Number of Drugs at Time of Death

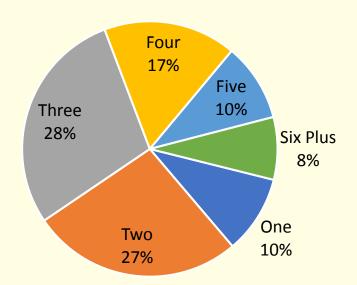


• Females were more likely than males to have more than one drug in their system at their time of death.

Males: Number of Drugs at Time of Death

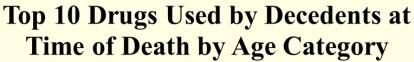


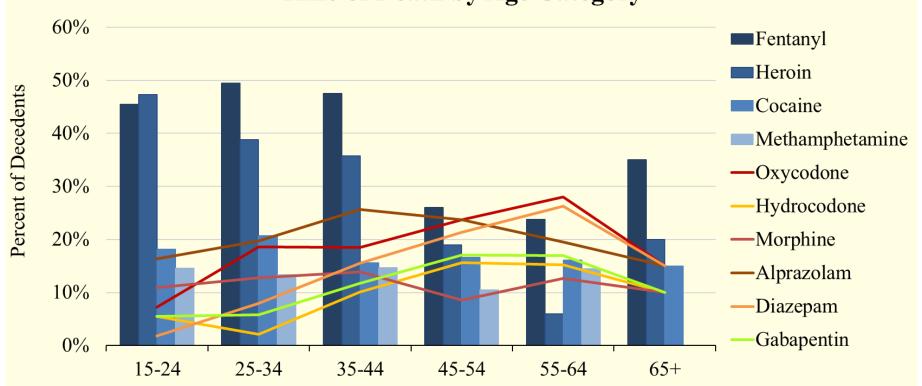
# Females: Number of Drugs at Time of Death



## Drugs at Time of Death



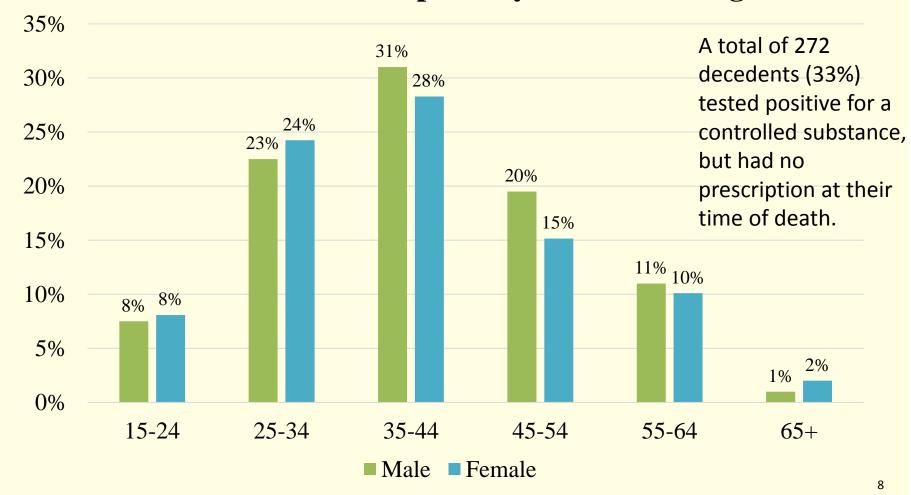




#### Diversion



#### Decedents Positive for a Controlled Substance at Death but no Prescription by Gender and Age

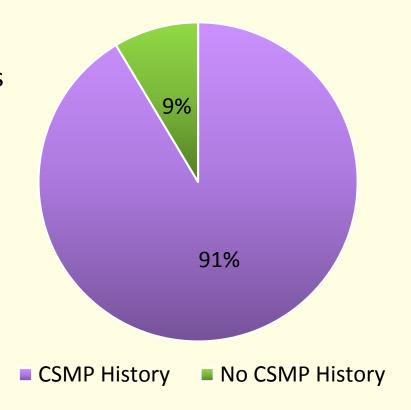


#### Decedents with CSMP Interaction



#### **Decedents with CSMP Interaction**

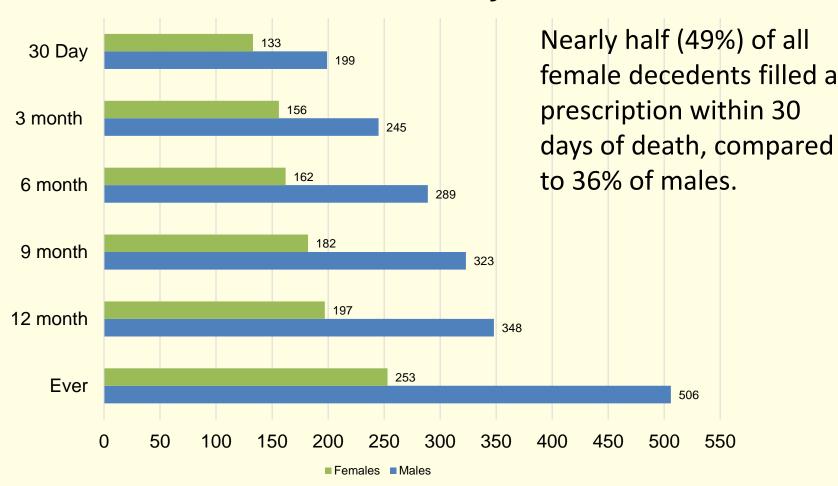
The West Virginia Board of Pharmacy's Controlled Substances Monitoring Program (CSMP) documents the dispensing of Schedule II-IV controlled substances.



### CSMP History at Point in Time Intervals



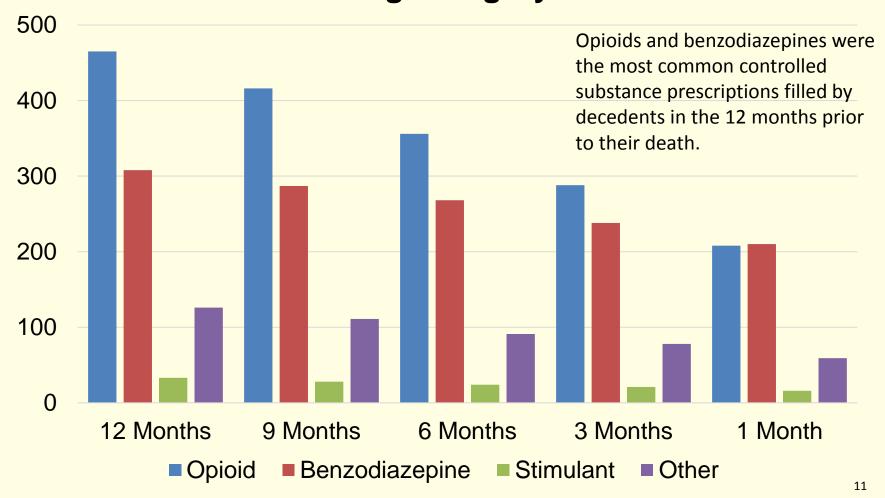
# **CSMP History at Point in Time Intervals before Death by Gender**



## Number of Prescriptions by Drug Category



### Number of Prescriptions Before Death by Drug Category



## Prescriber and Pharmacy Utilization

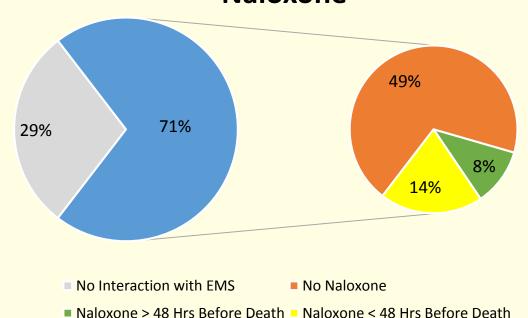


- Decedents were three times more likely to have three or more prescribers as compared to the overall CSMP population for 2016 (9% versus 3%).
- Decedents were more than 70 times likely to have prescriptions at four or more pharmacies compared to the overall CSMP population for 2016 (7% vs. 0.1%).

#### EMS Administered Naloxone



# Decedents with EMS Administered Naloxone



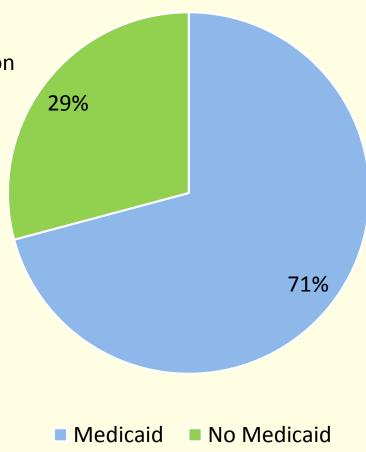
There may be a disparity in the overall emergency response to West Virginians older than 65 that warrants further study.

# Medicaid Eligibility



# Medicaid Eligibility at Any Time 12 Months Prior to Death

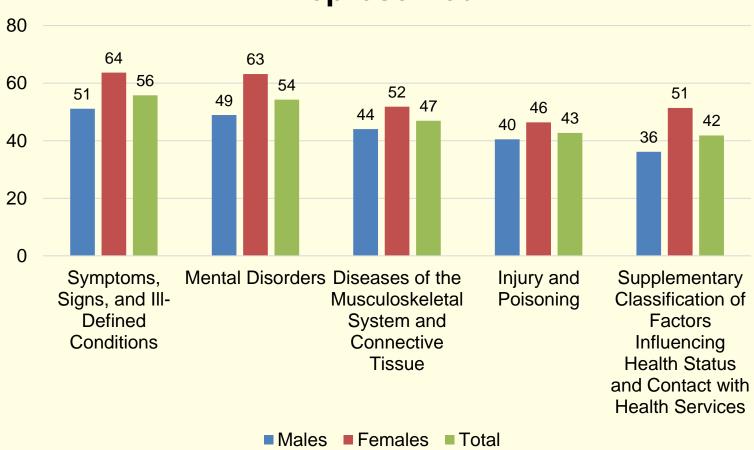
According to the Kaiser Foundation, only 23% of West Virginia's overall adult population ages 19-64 have Medicaid.



## Medicaid Major Diagnostic Categories



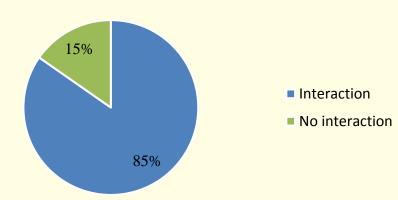
#### Major Diagnostic Categories with the Most Medicaid Eligible Decedents Represented



## Medicaid Utilization

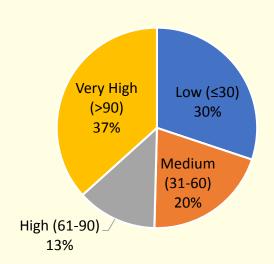


# Percentage of Decedents Utilizing Medicaid within 12 Months Prior to Death



Excludes claims within < 48 hours of death.

# Number of Medicaid Claims Prior to Death

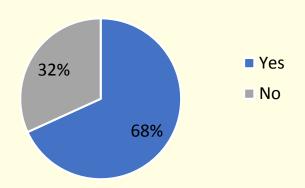


Excludes pharmacy claims and claims within < 48 hours of death.

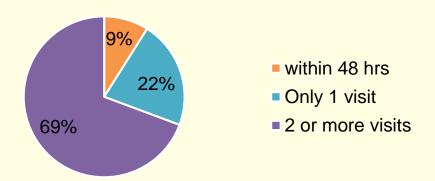
#### Utilization of Medicaid for Emergency Department (ED) Visits



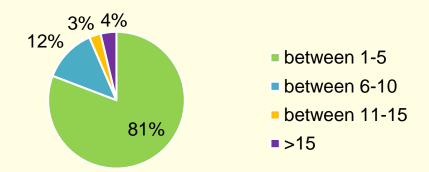
# Medicaid Decedents with an ED Visit within 12 Months of Death



# Emergency Department Utilization Among Decedents



# Emergency Department Utilization by Number of Visits



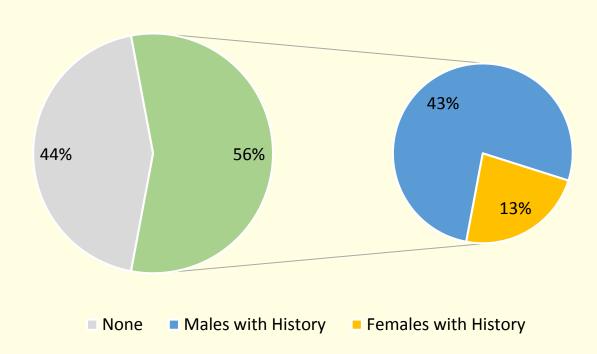
Medical services have the potential to reach a significant portion of individuals at risk of fatal overdose. Implementation of the Medicaid 1115 Waiver will expand opportunities for treatment and recovery services.

### Corrections History by Gender



Officials from the WV
Department of Military
Affairs and Public Safety
reported that there is
not a uniform strategy
for identifying how
people with a substance
abuse disorder are
referred to services in
their community.

#### **Corrections History by Gender**



#### Death After Incarceration



# 464 Interacted with Corrections (Jail, Prison, Parole)

157
One Contact with Corrections in the 12 Months Prior to Death

42 (27%)
Died within 30 days of the
Last Corrections Contact
(Regional jail was the last
contact for the majority of
decedents (88%) with a
corrections history.)

- 46% with some high school education died within 30 days.
- 32% of decedents that were never married died within 30 days.

# Select High Risk Factors



Males (67%)

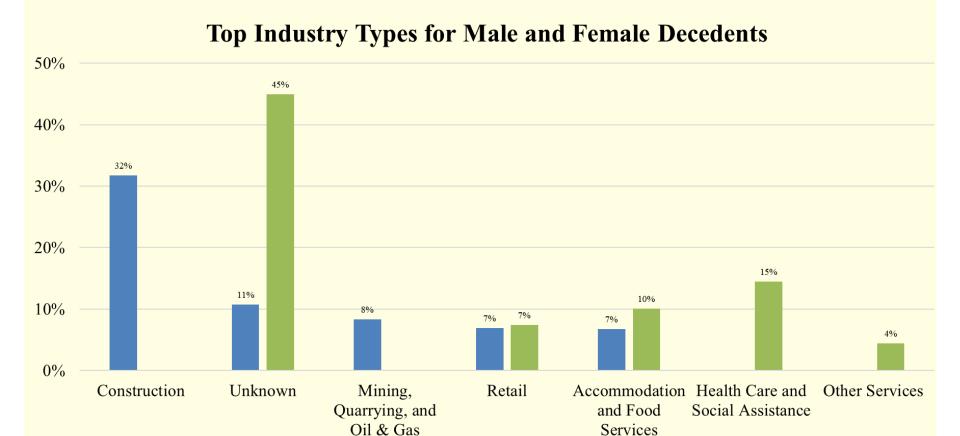
35-54 Years of Age (54%)

HS Education or Less (79%)

Unmarried (75%) Blue Collar Occupations

## Decedents by Industry Type





■ Male ■ Female

Extraction

#### Recommendations for Healthcare Providers



- Be prepared to offer screening, referral, and/or treatment.
- Continuing education opportunities that help identify risk factors for overdose death and retain individuals in substance abuse treatment.
- Require prescribers to run a CSMP report on each patient prior to prescribing any Schedule II drugs, any opioids, and any benzodiazepines.
- Prescribers should consider offering naloxone for individuals at increased risk for opioid overdose.

#### **CSMP Recommendations**



- Enhance CSMP Advisory Committee legislation to identify abnormal or unusual prescribing and dispensing patterns and to permit sharing this data with appropriate professional licensing boards and other agencies.
- Develop CSMP policies and procedures for proactive reports to alert prescribers about the increased risk of overdose and potential misuse or diversion for those individuals known to the CSMP.

#### Other Recommendations



- Corrections officials should work with judges to assure naloxone availability, treatment referral, and peer supports at release of incarceration.
- Healthcare providers and the public may benefit from education regarding overdose signs and symptoms. This education should include information specific to individuals older than 65 years to increase the chance that someone will call emergency services and that appropriate administration of naloxone is offered.

#### Contact



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